



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste; and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CTD001184191

INSTALLATION ADDRESS

ROCKWELL W S CO INC
200 ELIOT ST PO BOX 280
FAIRFIELD CT 06430
200 ELIOT ST
FAIRFIELD CT 06430

EPA Form 8700-12B (4-80)

04/27/90

SEMS DocID 621032



REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

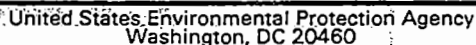
The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD 001184191 Company Name: W.S. Rockwell Co, Inc

Date of Request: 8/25/93 (SECOND OR THIRD) Town: FAIRFIELD

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/COMMENTS
I. Name of Installation			
II. Location of Installation			
III. Mailing Address of Installation	ZOO ELIOT ST FAIRFIELD 06430	PO Box 1047 SOUTH PORT, CT 06490-2047	BETTER DELIVERY
IV.a. Installation Contact's Name	—	—	—
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status Originally notified as: (please circle) SQG (<100 kg/month) <u>SQG</u> (100 - 1000 kg/month) Generator (>1000 kg/mth) Transporter T/S/D Facility		Change Status to: CONDITIONALLY EXEMPT SMALL QTY GENERATOR RCRA RECORDS CENTER FACILITY <u>Rockwell/WS Co</u> I.D. NO. <u>CTD001184191</u> FILE LOC. _____ OTHER _____	

OTHER
HPL FOR
FOR
AVOY
JOBY RECORDS CENTER



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

1. Name of Installation

W S R O C K W E L L C O M P A N Y I N C

Street or P.O. Box

C	2	0	0	E	L	I	O	T	S	T	R	E	E	T	P	O	B	O	X	2	8	0			
3	City or Town																		State		ZIP Code				
C	F	A	I	R	F	I	E	L	D										C	T	0	6	4	3	0
4																									

Street or Route Number

[illegible]

Name and Title (last, first, and job title)

2	C	H	A	R	L	E	S	K	E	N	T	N	O	R		P	R				2	0	3	2	5	9	1	6	2	1
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A. Name of Installation's Legal Owner

[illegible]

A. Hazardous Waste Activity

☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.

☐ 2. Transporter

☐ 3. Treater/Storer/Disposer

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

B. Used Oil Fuel Activities

☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)

☐ a. Generator-Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (*transporters only — enter 'X' in the appropriate box(es)*)

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F003	2 F005	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

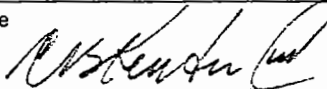
☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) C. B. Kentnor, III - President	Date Signed 2/8/90
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RECEIVED

FEB 09 1990

HAZARDOUS MATERIALS
MANAGEMENT UNIT

United States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C
C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)C
F
CTD001184191
T/A C
1
900206
2-SQG

I. Name of Installation

W S R O G K W E L L C O M P A N Y I N C

II. Installation Mailing Address

Street or P.O. Box

C
3
200 ELIOT STREET PO BOX 280

City or Town

State

ZIP Code

C
4
FAIRFIELD CT 06430

III. Location of Installation

Street or Route Number

C
5
200 ELIOT STREET 001 Fairfield

City or Town

State

ZIP Code

C
6
FAIRFIELD CT 06430

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2
CHARLES KENTNOR PR 2032591621

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R
CHARLES KENTNOR P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

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☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number